

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$2,097.25 for date of service 03/07/01.
- b. The request was received on 01/23/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and undated Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Responses to the Request for Dispute Resolution dated 02/07/02
 - b. Peer Review dated 07/10/01
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The carrier's response to the request for medical dispute for medical dispute resolution was received on 02/07/02 and 02/11/02 proving the responses to be timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in undated correspondence that, "The 1996 MFG was adopted from the 1994 edition of the Global Service Data and has not been changed. Therefore these codes are not global...Please notice their [sic] are 3 op reports. These op reports was [sic] submitted with the initial bill. The carrier may have misplaced them, the carrier would not have been able to audit the bill without the op reports."

2. Respondent: The carrier responded to the surgeon and the assistant surgeon in separate letters both dated 02/07/02. The first letter responding to the surgeon disputed fees states, "Based on the re-review,...does not believe the provider is due any further reimbursement....The initial review of the bill was performed without the operative report. The operative report was not submitted with the initial billing. Upon the initial reconsideration, the billing and operative report were sent for physician peer review. Dr...’s peer review response is attached. Due to the late receipt of the peer review and the fact that a decision had to be rendered prior to the receipt of the peer review, the peer reviewer’s documentation could not be considered....Dr...submitted a new billing for CPT 28035 which was paid at \$506.00 100% of the MAR. The second reconsideration on the first billing was denied as our position remains the same...."

The carrier’s second response letter dated 02/07/02 addresses the assistant surgeon. The carrier states, "We have received notice of the dispute filed by Dr...for date of service 3/7/01 for CPT codes: 27625-80, 27899-80, 29898-80....Based on the re-review,...does not believe the provider is due any further reimbursement....The initial review of the bill was performed without the operative report. The operative report was not submitted with the initial billing....According to our records we have not received a request for reconsideration on the Assistant Surgeon, Dr...’s billing....the primary surgeons [sic] billing and operative report were sent to physician peer review...."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review is 03/07/01.
2. The total amount billed for date of service, 03/07/01, is \$5,400.00.
3. The total amount reimbursed for date of service, 03/07/01, is \$0.00.
4. The total amount in dispute for date of service, 03/07/01, is \$2,097.25.
5. The carrier denied billed charges by denial codes, "X413 THIS PROCEDURE IS INCLUDED IN ANOTHER PROCEDURE PERFORMED ON THIS DATE" and "F – REDUCED ACCORDING TO THE MEDICAL FEE GUIDELINE." No other EOB(s) or medical audits were noted, therefore, the Medical Review Division will render a decision based on the denial codes submitted by the provider prior to the date of this dispute being filed.
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
03/07/01 03/07/01 03/07/01	27625 27695 29898	\$1,300.00 \$1,100.00 \$1,100.00	\$0.00 \$0.00 \$0.00	G,F G,F G,F	\$1,214.00 \$1,012.00 \$1,012.00	MFG, SGR (I)(D)(I)(b); Global Service for Orthopaedic Surgery, 1994; CPT descriptor	Medical documentation indicates the services were rendered as billed. As per the GSDOS, the CPT codes in dispute are not global to the primary procedure performed on the date of service in dispute. The procedure codes in dispute are subject to the multiple procedure rule and should be reimbursed at 50% of the MAR. Therefore, reimbursement of \$1,619.00 is recommended. ($\$607.00 + \$506.00 + \$506.00 = \$1,619.00$)
03/07/01 03/07/01 03/07/01	27625-80 29898-80 27899-80	\$700.00 \$500.00 \$200.00	\$0.00 \$0.00 \$0.00	F F F	\$1,214.00 \$1,012.00 DOP	MFG, SGR (I)(D)(I)(b); GI (III) (A); Global Service for Orthopaedic Surgery, 1994; CPT descriptor; 80 modifier descriptor;	The procedure codes in dispute are subject to the multiple procedure rule and should be reimbursed at 50% of the MAR. The modifier -80 descriptor states, "For surgical assistant services by a doctor, add the modifier '-80' to the usual procedure number(s). Documentation on the operating report record shall indicate the amount of time spent by the assistant surgeon in the operative session and the need for an assistant surgeon. Documentation shall substantiate the attendance of the assistant surgeon 70% of the time during the performance of one operative session. The reimbursement shall be 25% of the listed MAR of the surgical procedure(s)." The required documentation is not present in the operative reports to support the services of the assistant surgeon. No reimbursement is recommended.
Totals		\$5,40.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$1,619.00 .

The above Findings and Decision are hereby issued this 24th day of May 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,619.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 24th day of May 2002.

Carolyn Ollar, B.A., RN
Medical Dispute Resolution Officer
Medical Review Division

CO/dmm

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director